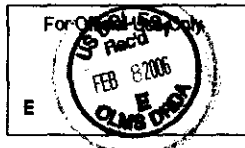


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



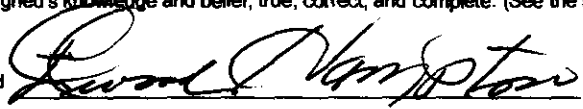
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -  7759	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Elwood Hampton  P.O. Box, Bldg., Room No., if any 310  Street 1325 Massachusetts Avenue  City Washington  State District of Columbia ZIP Code +4 20005	4. Name, file number, and address of labor organization.  Name Industrial Technical Professional Employees Un  Labor Organization File Number 530-913  P.O. Box, Building and Room Number, if any 200  Street 2222 Bull Street  City Savannah  State Georgia ZIP Code +4 31401
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name Health & Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 24 Olgethorpe Professional Blvd.  City Savannah  State Georgia ZIP Code +4 31416	7.a. Nature of Interest, Transaction, or Income.  I am a Trustee on the Fund. The amount below was for reimbursement/travel expenses incurred in connection with attending meetings and participation at Trustee Meetings.  7.b. Amount.  \$3,390

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On Feb 2, 2005 202-628 5770 Date Telephone Number

Name of Person Filing <b>Elwood Hampton</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>ITPE Annual Benefit Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>Suite 255</b>  Street <b>6851 Jericho Turnpike</b>  City <b>Syosset</b>  State <b>New York</b> ZIP Code + 4 <b>11791</b>	<b>9. Business deals with:</b>  <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> a. Labor Organization             b. Trust  <input checked="" type="checkbox"/> c. Employer       </div>
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<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>All Contributing Employers</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State                      ZIP Code + 4	<b>11.a. Nature of such dealing.</b> The Fund is a TAFT-Hartley Trust created pursuant to agreement between the Union and various employers and to which employers make contributions on behalf of Union Represented employees in accordance with Collective Bargaining Agreements.  <b>11.b. Approximate dollar value of such dealing.</b> <i>N/A</i>  <b>12.a. Nature of interest held or income received.</b> I am a Trustee of the Fund. The amount stated below was for reimbursement on expenses incurred in connection with attendance and participation at trustee meetings.  <b>12.b. Amount.</b> \$4,421
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State <b>Georgia</b> ZIP Code + 4	<b>14.a. Nature of payment.</b>    
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>

Name of Person Filing <b>Elwood Hampton</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>ITPE Pension Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>6851 Jericho Turnpike</b></p> <p>City <b>Syosset</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>11791</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>All Contributing Employers</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Fund is a TAFT-Hartley Trust created pursuant to agreement between the Union and various employers and to which employers make contributions on behalf of Union Represented employees in accordance with Collective Bargaining Agreements.</p>
	<p>11.b. Approximate dollar value of such dealing. <b>N/A</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p>I am a Trustee of the Fund. The amount stated below was for reimbursement on expenses incurred in connection with attendance and participation at trustee meetings.</p>
	<p>12.b. Amount. <b>\$5,516</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State <b>Georgia</b> ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>